



Automatic Payment Plan Enrollment

Member Name _____

Member # _____

<input type="checkbox"/> Automatic Funds Transfer Information To have your invoice taken out of your bank account on the monthly due date. No charge	
Bank Name:	Bank Address:
Routing Number:	Account Number:
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

- Please include a voided check with all Automatic Funds Transfer Information



<input type="checkbox"/> Credit Card Payment Information To have your invoice charged to your credit card on the monthly due date. 3% Fee	
Card #:	Expiration Date:
Security Code:	Email:
Street Address:	Zip Code:

Member Signature _____

Date _____